60. Yenapoya Dental College, Zulekha Complex, Bibi Mani Road, Mangalore.

61. Smt. Radhikabai Megha Memorial Medical Trust's Dental College, Wardha-442004.

62. Chatrapatt Shahu Maharaj Shikshan Sanstha's Dental College and Hospital Aurangabad.

63. Govt. Dental College, Jamnagar.

64. Postgraduate Insu, of Medical & Education and Research, Chandigarh.

65. Insu, of Medical Sciences, Banaras Hindu University, Varanasi-221005, U.P.

66. All India Institute of Medical Sciences, New Delhi.

For Defence Services Personnel only

67. Armed Forces Medical College, Pane-1.

Dental Hygionist Course only

68. Indira Gandhi Medjcal College, Shimla.

69. Deptt, of Dental Surgery, J.N. Medical College, Aligarh Muslim University, Aligarh.

For Defence Services Personnel only

70. Military Dental Centre, Delhi Cantt., Delhi.

71. Military Dental Centre, Lucknow.

72. Military Dental Centre, Calcutta.

73. Air Force Central Dental Establishment, Bangalore.

74. Naval Dental Centre, INHS Asvini, Colaba, Bombay.

Increasing incidents of dental diseases

1528. SHRI HIPHEI: Will the PRIME MINISTER be pleased to state:

(a) whether serious apprehensions on growing incidents of dental disease among young adolescents have been expressed during the World Congress on Prosthodontics organised at New Delhi in the recent past.

(b) if so, the number of cases registered in each State and Union Territory with types of disease by them;

(c) whether some reasons have been attributed in the Congress to such increasing incidents of dental disease;

\.*d)* whether Government propose to take some drastic steps to check the increasing incidents of dental disease and to cure the existing cases of dental disease; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) The Congress was concerned about epidemiological studies indicating increase in dental disease.

(b) information is not available.

(c) The Congress feel that majority of dental diseases are environmentally and behaviourally induced.

(d) and e) Oral health is an integral component of overall health programme. In 1995-96, a Pilot Oral Health Care Programme has been initiated which focuses on promotive and preventive aspects of oral and dental care through education.

Expert Committee on Tobacco

1529. SHRI JALALUDIN ANSARI: Will the PRIME MINISTER be pleased to state:

la) whether an Expert Committee on Tobacco is proposed to be set up;

(b) jf so, what is the strength of the proposed committee and criteria being adopted to select the representatives;

(c) whether representatives of the Central Trade Unions in beedi industry are proposed to be included in the said committee, and

(d) if so, the names of such trade unions under consideration for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) No such decision has been taken. Government had organised a National Conference on Tobacco on Health in July, 1991 in which representatives from various Government and non-Governrient Organisations, Cigarette manufacturing companies, Tobacco growers Economists, Educationists, Medical Scientists participated and all the Tobacco related issues were discussed.

(b) to (d) Do not arise.

Steps to improve health standards

1530. SHRI SURESH PACHOURI: Will the PRIME MINISTER be pleased to state:

(a) the health standards in the country as compared to those in the advanced countries and other Asian developing countries;

(b) the steps taken to improve the health standards in the country:

(c) the expenditure on health and percentage of GNP during the last three years; and

(d) how Government propose to increasee the expenditure on health?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) A) statement enclosed. (See below)

(b) Comprehensive promotive, preventive, curative and rehabilitative health- care services are being provu ded in the rural arsas through a network of Sub-centres, Primary Healm centres, Community Health Centres established throughout the Country and in the Urban areas through Sub-divisional|District|Medical College Tertiary level hospitals. Central Government has also launched several communicable and non-communicable diseases control/eradication programmes which are being implemented throughout the country as Centrally Sponsored Schemes. Efforts have been made during the successive Five Year Plans to strengthen various teaching institutions to train the medical and para-medical personnel required for Health Care delivery system. Under Family Welfare Programme emphasis has been given for child survival and safe motherhood including immunisations. Biomedical Research facilities have been augmented for research in priority areas. Efforts have been made for inter-sectoral coordination with other related Departments and involvement of voluntary organisations/ NGOs and private sectors in the delivery of Health Care Services in both rural and urban areas. In addition, development of Indian Systems of Medicines and Homoeopathy is being encouraged to widen the network for the delivery of health services to the people.

(c) The total expenditure/allocation on Health & Family Welfare Sector by Central|State Departments of HealthjFamily Welfare) during the last three years are outlined below:

(Rs. in Crores)

Year	Health	Family Welfare	Total
1992-93 (Expenditure)	1213.95	1190.40	2404.35
1993-94 (R.E.)	1361.18	1423.57	2784.75
1994-95 (Outlay)	1819.48	1430.00	3249.48